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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/600,540
Filing Date	6/23/2003
First Named Inventor	Kamel Shaath
Art Unit	2187
Examiner Name	Nguyen, Hiep T
Attorney Docket Number	0002-00009 US CO

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: **94979**

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number: **94979**

OR

Firm or
Individual Name

Address

City

Country

Telephone

State

Zip

Email

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Mr. Kamel Shaath, Chief Technology Officer, KOM Networks, Inc.

Date

4/20/2011

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of _____ forms are submitted.